

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

of this office.	, have received a copy of the Notice of Privacy Practice
Name (Please Print)	-
Signature	Date
Signature	Date
Signature	Date
Please Note: It is your	ght to refuse to sign this acknowledgement
	Office Use Only
Notice of Privacy Practices, but	ledgement by the individual noted above of receipt of our tould not be obtained because: Is from obtaining acknowledgement.
☐ A communication barrie	revented us from obtaining acknowledgement.
☐ The individual was unw	ng to sign

☐ Other: